

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-025430

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

317

Primary Registration District No.

500

Registrar's No.

1711

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

14000

24007

3

4 0

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9491X

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12 86-0

13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED JUN 20 1962

1. PLACE OF DEATH

a. COUNTY

St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Manchester

Length of stay in 1b

6 wks

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

Manchester Nursing Home

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

St. Louis

admission)

c. CITY

OR TOWN

817 Webster Groves

Inside Limits

Yes ☒ No ☐d. STREET ADDRESS
(If outside, give location)

8349 Big Bend Blvd.

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Milton

Middle

Fox

Last

Crews

4. DATE OF DEATH

Month

Day

Year

June 6

1962

5. SEX

male

6. COLOR OR RACE

white

7. Married ☐Never Married ☐Widowed ☐Divorced ☐

8. DATE OF BIRTH

4-19-68

9. AGE (last birthday)

94

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired money clerk

10b. KIND OF BUSINESS OR INDUSTRY

Railway Express

11. BIRTHPLACE (City and state or country)

Howard County, Mo.

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

unknown

13b. MOTHER'S MAIDEN NAME

unknown

14. NAME OF HUSBAND OR WIFE

Mrs. Carrie Smith Crews

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or (unknown)) (If yes, give war or dates of service)

no

17. INFORMANT

Mrs. Doris Smalley 307 Riese Ballin

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Broncho pneumonia

INTERVAL BETWEEN ONSET AND DEATH

36 hrs.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Arteriosclerotic Heart disease

Chr.

DUE TO (c)

General Arteriosclerosis

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Nov. 15 1960, to June 6 1962 and last saw him alive on June 6 1962
Death occurred at 10 30 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

D. Deabough M.D.

22b. ADDRESS

Webster Groves Mo.

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

burial

23b. DATE

6-9-62

23c. NAME OF CEMETERY OR CREMATORY

Oak Hill Cemetery

23d. LOCATION (City, town, or county)

Kirkwood, Mo.

(State)

24. FUNERAL DIRECTOR

MITTELBERG, SERBER

COLONIAL CHAPEL

25. DATE RECD. BY LOCAL REG.

6-8-62

26. REGISTRAR'S SIGNATURE

John B. Murphy M.D.

WEBSTER GROVES 19, MO.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Robert M Murray

Licensed Embalmer No. 3749

P. O. Address St Louis mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.